

Common Reasons Why Claim Forms Are Delayed or Rejected for Ladies First

Problem: The bill was submitted to EDS before it was submitted to the patient's private insurance company.

Solution: Obtain all insurance information from the patient even if that insurance will not pay for services provided. Submit the claim to the Primary carrier then send in a bill with the attached Explanation of Benefits (EOB) to EDS.

Reason: Ladies First is not an insurance company. We are a CDC funded program and payer of last resort.

Problem: Diagnostic code (ICD-9 code) and procedure code (CPT code) are missing, incomplete, invalid, or does not correspond to the treatment (procedure code) rendered by the physician.

Solution: Verify and submit correct diagnostic codes by referring to the Fee Schedule located in the Ladies First Resource Manual. Check with the provider if the diagnosis code listed does not go with the procedure code shown. [See list at end for examples of services not covered by Ladies First].

Reason: Ladies First is only approved to cover certain CPT and ICD-9 codes.

Problem: Bill is denied for a woman who is no longer a Ladies First member.

Solution: When the woman arrives at her appointment, check her Ladies First eligibility by calling the Provider Line 1-800-510-2282 or by checking her membership card. If a woman is no longer a member, do not submit bill to EDS and advise the woman to call Kate 1-800-508-2222 at Ladies First to re-enroll.

Reason: Women are withdrawn from Ladies First for various reasons, for example women may: start VHAP, Medicaid, or Medicare Part B; withdraw themselves; move out of state; do not fill out re-enrollment forms.

Problem: Patient has either VHAP, Medicaid, or Medicare Part B coverage and claims to have Ladies First coverage in addition.

Solution: The woman is no longer eligible for Ladies First coverage and Ladies First should not be billed for the services provided. Instead, VHAP, Medicaid, or Medicare Part B must be billed.

Reason: All of these programs are the payer of last resort, therefore a woman cannot have dual eligibility.

Examples of services that are NOT covered by Ladies First:

- Handling fees to transfer specimen from the physician's office to a laboratory.
- Pelvic ultrasound
- Uterus ultrasound
- Vaginal ultrasound
- Ovary biopsy/cyst removal
- Thyroid hormone levels
- Follicle stimulating hormone levels
- Gonorrhea, Chlamydia, and other STD screening
- Urinary tract infection
- Cervical polyp removal*
- Endometrial biopsy/curettage**
- Vaginal Pap***

*We will pay for cervical polyp removal ONLY if the polyp is sent out for pathology reading.

**We will pay for endometrial biopsy ONLY if a woman has had a Pap with a result of AGUS (atypical glandular cells).

***We will pay for vaginal Paps ONLY if a woman has had a hysterectomy.

Services that are time-sensitive:

We will ONLY pay for a maximum of two cardiovascular visits within a 10 month period.